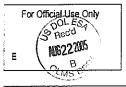
U.S. Department of Labor Office of Labor-Management Standards 'Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12/2/	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name BILLY D BOYCE	Name UNITED STEELWORKERS OF AMERICA
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 13031 LAUREL HTCL RD	Street FIVE GATEWAY CENTER
City THORNYTLLS	City PETSBURGH
State OHTO ZIP Code + 4 43076	State PENNSYLVANIA ZIP Code + 4 15222
5. Position in labor organization. STAFF REPRESENTATIVE	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name .	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed BUBS	On 8/15/2005 614 - 888-62.84 Date Telephone Number

Name of Person Filing BILLY Boyce	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ANTHEM BLUE CROSS/BLUE SHEELD	 	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6740 NORTH HEGY STREET	c. Employer	
City WORTHENGTON		
State OHTO ZIP Code + 4 430 85		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	HEALTH INSURANCE VENDOR	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
State . ZIP Code + 4	Golf Outing (\$100.00)	
,		
,		
,	12.b. Amount. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
40 h la the Duelesco on Surel	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		